## Application or Docket Number

| PATENT APPLICATION FEE DETERMINATION RECOI<br>Effective October 1, 2003  |   |   |             |   |                       |                  |          | 05-03-001                |    |                               |                        |  |
|--|---|---|-------------|---|-----------------------|------------------|----------|--------------------------|----|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |             |   |                       |                  |          | ENTITY                   | OR | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TC   | TAL CLAIMS  |   | 4           |   |                       |                  | RAT      | E FEE                    | 7  | RATE                          | FEE                    |  |
| FO   | R   |   | NUMBER      | FILED                                       | NUMBER EXTRA          |                  | BASIC    | FEE 385.00               | OR | BASIC FEE                     | 770.00                 |  |
| ТО   | TAL CHARGEA   | BLE CLAIMS                                | 4 mir       | us 20=                                      | * O                   |                  | XS S     | )=                       | OR | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS   |   |   | <i>j</i> mi | nus 3 =                                     | * 0                   |                  | X43      | =                        | OR | X86=                          |                        |  |
| МU   | LTIPLE DEPEN  | DENT CLAIM P                              | RESENT      |   |                       |                  | +145     |                          | 1  | +290=                         |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |             |   |                       |                  |          |                          | OR |                               | 120                    |  |
|  |   |   |             |   |                       |                  |          | AL .                     | OR | TOTAL OTHER                   | THAN                   |  |
|  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |   |             |   |                       |                  | SMA      | LL ENTITY                | OR | SMALL                         |                        |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGH<br>NUME<br>PREVIC<br>PAID              | BER<br>DUSLY          | PRESENT<br>EXTRA | RAT      | ADDI-<br>E TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus       | **  |                       | =                | X\$ 9    | =                        | OR | X\$18=                        |                        |  |
| ME   | Independent   | *   | Minus       | ***   |                       | =                | X43      | =                        | OR | X86=                          |                        |  |
| <u>'</u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |             |   |                       |                  | +145     | =                        | OR | +290=                         |                        |  |
|  |   |   |             |   |                       |                  |          | TAL                      | OR | TOTAL                         |                        |  |
|  | (Column 1) (Column 2) (Column 3                               |   |             |   |                       |                  |          | EE L                     |    | ADDIT. FEE                    |                        |  |
| MENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                       | PRESENT<br>EXTRA | RAT      | ADDI-<br>E TIONAL        | -  | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus       | **  |                       | Ξ                | X\$ 9    | =                        | OR | X\$18=                        |                        |  |
|  | Independent   | *   | Minus       | ***   |                       |                  | X43      | =                        | OR | X86=                          |                        |  |
| <b>▼</b>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |             |   |                       |                  | +145     | =                        | OR | +290=                         |                        |  |
|  |   |   |             |   |                       |                  |          | TAL                      | OR | TOTAL                         |                        |  |
|  | (Column 1) (Column 2) (Column 3)                              |   |             |   |                       |                  | ADDIT: 1 | -EE L                    |    | ADDIT. FEE                    |                        |  |
| AMENDMENT C  | `   | CLAIMS REMAINING AFTER AMENDMENT          |             | HIGH<br>NUM<br>PREVIO<br>PAID               | IEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA | RAT      | ADDI-<br>E TIONAI<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus       | **  |                       | =                | X\$ 9    | =                        | OR | X\$18=                        |                        |  |
| <b>AME</b>   | Independent   | *   | Minus       | ***   |                       | =                | X43      | =                        | OR | X86=                          |                        |  |
| ╠  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=          |   |             |   |                       |                  |          |                          | OR | +290=                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |   |   |             |   |                       |                  |          |                          | OR | TOTAL<br>ADDIT. FEE           |                        |  |

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.